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ABSTRACT

Studies conducted by the National Rural Development Institute (NRDI) indicate that migrant students have a higher school dropout rate than non-migrant students. In addition, rural migrant students experience higher levels of family dysfunction and abuse, teen pregnancy, emotional difficulties such as depression or low self-esteem, poverty, parents' illiteracy, and alcohol or substance abuse. Other problems include feelings of powerlessness, dependency, and isolation related to distance, cultural, and language barriers. Recommendations are offered to reduce migrant students' dropout rates, including: (1) a concerted effort by the federal, state, and local governments in funding and implementing programs to address deficiencies of migrant education and to promote early intervention of specific problems that contribute to the high dropout rate; (2) enhancing self-esteem and dealing with emotional problems as a priority in improving academic grades, school attendance, and social skills; (3) involving and educating the community and parents; (4) providing diverse services for migrant students; (5) early identification and intervention of at-risk students; and (6) organizing student support systems and providing services for older students. Detailed suggestions are made on instruction and at-risk student programs. (LP)

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PROBLEMS AND STRATEGIES REGARDING REDUCING AMERICA'S MIGRANT STUDENT DROPOUT RATE

Congressional Testimony Delivered in Response to a Request from the National Commission on Migrant Education

September 23, 1991
Bethesda, Maryland

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DATA SOURCES

Data used in the preparation of this testimony were gathered from national studies conducted by the National Rural Development Institute (NRDI), the National Rural and Small Schools Consortium, and the American Council on Rural Special Education. Studies conducted by the Institute have compared the incidence of various types of at-risk students in rural, urban, and suburban school districts. One at-risk category included in all NRDI studies is migrant students. Other at-risk characteristics include children who are school dropouts, sexually active/pregnant, abused (physically, emotionally, or sexually), substance abusers, depressed/attempted suicide, in poverty, children of alcoholics or substance abusers, in illiterate families, involved with crime, minority and poor, and/or disabled. These characteristics were paired with the migrant data so that relevant trends and issues could be identified.

PROBLEMS

Significant findings of Institute studies with regard to this testimony include the following.

*The dropout rate for rural students is higher than for urban students.

*Migrant students have higher school dropout rates than do non-migrant students.

*Rural migrant students experience higher rates of the following:

Child abuse (physical, emotional, and/or sexual), depression/suicide/low self-esteem, poverty, illiterate parents, school dropout, teen pregnancy, sexually active/pregnant, ,minority and poor, disability, and/or child of alcoholic or substance abuser.

In a number of NRDI studies, some statistical and the majority of anecdotal data have clearly indicated higher levels of family dysfunction, spouse abuse, and child physical, sexual, and emotional abuse. Most of the school personnel surveyed (as opposed to juvenile justice workers or outreach personnel in migrant areas) did not visit migrant homes. They reported that they felt limited by evidence that they could see on school grounds (versus the empirical data from the home site). Many interviewees felt that the data were under-reported.

Specific problems reported included cycles of poverty, illiteracy, and domestic violence. Other problems included feelings of powerlessness, dependency, and

isolation related to distance, cultural and language barriers. Although migrant citizens typically have a desire to "take care of their own," problems of individuals in migrant communities are diverse and profound. Cultural barriers include language difficulties, priorities that may be different than those of the mainstream culture, low self-esteem, lack of family and parental involvement in school and other child problem solving settings, and a belief that child abuse is "family business" or a lack of awareness of what is an abusive situation. Frequently, there is also a lack of mainstream culture interest in getting involved in solving problems related to migrant communities. Denial concerning migrant community problems is also typical.

While there are some benefits for disadvantaged children (including those who are physically or mentally handicapped) in being able to blend into an accepting rural migrant community, these children may not receive services that inspire or empower them to meet their full potential. Even though many migrant communities have a number of social services available, many lack relevant instruction that motivates migrant children to prevent drug and alcohol abuse, or motivates their parents to prevent child abuse. Some programs lack the ability to fund bilingual-bicultural staff positions. Many rural migrant communities have comparatively few recreational activities for youth other than sexual activity, alcohol, or drugs.

The fact that many states have recently attempted to raise graduation requirements, and some have linked competency tests to higher standards has proven difficult for many migrant students. In districts that emphasize high test scores, migrant children may be stigmatized or even encouraged to drop out.

Inadequate prenatal care and poor nutrition (partially related to inadequate education), in impoverished areas for children of uneducated teenage mothers, also exacerbates existing problems. The transiency and the uncertainty of where a family will live, in what grade a child will be placed, where children will be educated, and the nature of available health and social services produce tremendous family stresses. Although the Migrant Student Record Transfer System was conceptualized to assist the migrant population and enhance local education programs and classroom teachers, the data system is actually quite limited. Yet, even an exceptional record system would not eradicate social stigmatization, and prejudice. Internally, low self-esteem and other emotional difficulties typically exist and may be reinforced by inappropriate/culturally biased assessment tests, limited English proficiency, inappropriate skill and grade placement, poverty, and poorly educated parents.

As rural school districts across the nation vary considerably in quality and in programming, the availability of quality kindergarten programs for migrant children is

uncertain, at best. Unfortunately, frequently the children who need the best possible services at the earliest ages, frequently do not receive this or receive it in one district but not in other districts in which they become enrolled.

Typically, identification of gifted and talented migrant students is infrequent in rural schools. Although the passage of PL94-142 and subsequent acts, regulations, and amendments have ensured at least an understanding in rural school districts that students with disabilities must be served appropriately, the quality of services varies tremendously from one rural district to the next.

The high migrant student dropout rate, although it has improved nationally in the last few years, is still a devastating problem for rural migrant students. Many drop out to assist in supporting their families, to handle teenage pregnancy, or to meet family and social expectations of a high dropout rate. Limited employment opportunities feed low aspirations and low levels of hope that the future can or will be any different. In communities with long-standing social, educational, and economic problems, some individuals develop low aspirations regarding education, graduation, and employment. Education may be valued, yet not seen as an attainable goal or an essential part of life. Sexual activity, teen parenting, drug and alcohol use, delinquency, and dropping out of school are frequently commonplace. Low self-esteem is accepted (though not necessarily recognized or understood) and pervasive. Students frequently must have much wider ranges of "deviancy" before their behavior attracts the attention of the school or community.

At the same time, most of America has recently experienced an explosion of social problems such as increases in drug and alcohol abuse, crime, homeless families, sexually transmitted diseases, the breakup of the traditional American family, "crack" babies, fetal alcohol syndrome, and the HIV virus. Migrant families are frequently the most vulnerable to such extra stresses.

The problems of migrant citizens typically receive inadequate media coverage. They usually also receive inadequate attention by federal and state governments.

The separation of educational and funding acts and systems at the federal and state levels frequently causes problems at the local level. As an example, students served by programs under the Education Consolidation and Improvement Act of 1981 are separated from students labeled as "special education students". Many districts experience difficulties regarding regulations requiring the separation of Chapter I or Title VII bilingual programs and special education. Many migrant students exhibit characteristics of disabilities and "at-riskness." A funding/programmatic separation frequently inhibits collaborative problem solving and service delivery. This is particularly

detrimental as most students who exhibit one at-risk condition exhibit at least one other.

THE IMPORTANCE OF SELF ESTEEM

National studies have repeatedly indicated that at-risk students typically have low self-esteem and that self-esteem is related to academic grades, school attendance, and social skills. The preponderance of literature concerning migrant communities and migrant education emphasizes low academic grades, school attendance, and social skills. Enhancing low self-esteem and addressing other emotional problems should be a national priority regarding assisting migrant students.

There is also a clear link between high self-esteem and positive academic grades, school attendance,and social skills. Most human behavior is emotionally based, and individuals with serious emotional overlays are unable to learn effectively. Poor self-esteem is linked to at-risk conditions including teen pregnancy, delinquency, depression, substance abuse, dysfunctional families, and child abuse.

The effects of dysfunctional families on migrant students include the "damaged goods" syndrome; feeling of isolation, shame, guilt, self blame, and depression; difficulties with trust and intimacy; acting out; lack of self control; drug use and abuse; running away; low motivation/amotivational syndrome; teen pregnancy; dropping out of school; and suicide attempts.

School dropouts who are pregnant teenagers frequently (via national studies) state that their pregnancy is related to low self-esteem and the desire to "create someone who will finally love me." Teenagers who value themselves and feel a sense of personal power value their future and do not endanger it by becoming pregnant, engaging in drug or alcohol abuse, delinquency, or unsafe sexual practices.

The problems of child abusers, victims of abuse, dysfunctional families and persons with low self-esteem are interrelated. The generation of solutions will require interagency and community collaboration. High self-esteem can actually be a social vaccine against the lures of crime, violence, substance abuse, teen pregnancy, child abuse, welfare dependency, and educational failure.

RECOMMENDATIONS

The following recommendations are offered in response to the need to reduce the rate of migrant student dropouts. This reduction is directly related to the cycles of hopelessness, powerlessness, dependency, teenage pregnancy, poverty, illiteracy, domestic violence, child abuse, and cultural and language barriers.

*Federal and state governments must recognize the extent to which migrant students are at-risk. Intra- and interagency efforts should address collaborative problem solution. Federal and state initiatives should be analyzed regarding their ability to address the needs of migrant students who are at-risk. Federal and state funding for migrant students should be equitable to that for non-migrant students.

*States should assess the preservice training of teachers and related social service and health personnel concerned with migrant students. Major efforts should occur to recruit and train bilingual and bicultural staff who are sympathetic to the specific needs of migrant communities and migrant students at-risk. Preservice and inservice training should address the needs to empower migrant families and children, increase the parental sense of comfortableness with school and support systems, and enhance parental involvement in schools.

*At the local level, collaboration should involve state and local education agencies, university training programs, social agencies (education, foster care, health, counseling, job training, juvenile incarceration, nutrition, prenatal care, and others). Existing rural outreach systems such as cooperative extension and public health agencies, civic groups, parents, and volunteer organizations should be involved in program planning and implementation. This should involve those that are rural specific (e.g., 4-H) and those that are not (e.g., Girl and Boy Scouts).

*Inservice education should include training regarding use of the Migrant Student Record Transfer System (MSRTS), and ways this can assist the migrant population, enhance local education programming, and assist classroom teachers. The MSRTS should be fully computerized and focus on the exchange of information that will benefit migrant students. Only student health and education data should be transferred, and this should be accomplished in a timely and efficient method. Direct service providers should have easy access to essential student data. Procedures should be established and implemented to ensure confidentiality, accuracy, and completeness of student information. Culturally sensitive methods of educating parents about the content of a student's record, and their right to review that information, should be implemented.

*The link between high self-esteem and positive academic grades, school attendance, and social skills should be clearly recognized. The link

between poor self-esteem and at-risk conditions (e.g., teen pregnancy, delinquency, depression, substance abuse, dysfunctional families, etc.) should also be recognized. High expectations should exist for student attendance, academic achievement, and behavior, and student efforts to achieve in these areas should be well supported.

*While migrant students need and deserve academic tutoring, mentor programs, bilingual-bicultural staff, career guidance, counseling and vocational education, health and social services, and other support systems, the most basic ingredient to changing the serious problems of these at-risk students, their families, and communities is to consistently enhance self-esteem. This will eventually reduce the cycle. Academic basic skill instruction and enrichment (including field trips and cultural events), E.S.L. instruction, placement options (e.g., home study, residential, or commuter programs), and G.E.D. preparation should be part of a comprehensive educational approach.

Parents, teachers, other service providers, and community members need to learn skills that enable students in pain to identify and express their feelings, validate themselves, and gain a sense of self-worth and personal power. Parents, teachers, and other service providers also need to learn to acknowledge their feelings and validate their point of view.

A basic key to helping at-risk students is to educate parents, teachers, and other service providers to communicate better with children and become attuned to problems before they become crises. In addition, well-coordinated bilingual-bicultural services need to be available including child care, counseling and referral to social service agencies, self-concept development, stipends, and transportation.

*Holistic program approaches should be planned that address the emotional, academic, physical, and social needs of at-risk students and involve families in program planning and implementation. The use of non-traditional methods of instruction to assist students in pain to address emotional issues should be used. For example, with drama, students can act out their feelings. They can also experience for the first time how a self-confident person feels/acts. The use of physical activity such as tai chi, karate, or yoga can put students in touch with their bodies. This is particularly effective for students who have been sexually/physically abused

and who have lost body awareness. Movement, dance, art, and music therapies have also proven to be helpful.

*Early identification of at-risk conditions (definitely pre-kindergarten), in ways that protect student confidentiality, should be a priority. Early intervention should include adequate prenatal care as well as preschool programs. Attention to nutritional needs and nutritional education should be ongoing.

*Special efforts to identify migrant students who are gifted and talented and to serve them appropriately are essential to break the migrant cycle. Such individuals can serve as positive role models for other students. Identification and appropriate services for migrant students with disabilities is also essential.

*Schools should structure ongoing student support systems such as peer, teacher, and administrative buddy systems and school building case management teams. In addition, regional Upward Bound programs should be contacted as additional sources of role model material. For example, short videotaped presentations by university students with migrant backgrounds are effective when distance and/or time schedules mitigate against personal contacts with effective role models.

*Full services for older students and for school dropouts are essential, including High School Equivalency Programs (HEPs) and programs to reconnect migrant dropout youth with educational and vocational programs, hot line counselors, and motivational letters and newsletters. Home-study G.E.D. courses can at least partially alleviate a lack of transportation and child care, rural isolation, and negative school experiences. Family literacy programs designed to meet the educational and social service needs of the entire family through G.E.D. and E.S.L. instruction, citizenship/amnesty classes, and information, are also important.

*Dropout retrieval programs should include academic instruction, vocational training, and support services. Work-study programs can help students develop new occupational skills and can couple education with the income these students need.

*Vocational training should include career awareness, job placement, post-employment counseling, and vocational courses.

*Extensive efforts should be made to support students so that, whenever possible, their grade placement is at their chronological age level.

*Collaboration between school building personnel and social agencies involved with the child should occur in ways that protect student confidentiality. Partnerships with other community resources including social agencies, businesses, the justice system, employment trainers, J.T.P.A., and rural outreach systems including public health systems and cooperative extension services should occur on an as-needed basis.

*Program evaluation should be on-going (formative) and longitudinal.

*Academic and social development programs should be structured to ensure that students will experience success when possible, to help them realize that this is possible for them. Attempts should be made for this to become self-perpetuating.

*Information should be gathered and nationally disseminated regarding effective programs for migrant students and their families. Effective training approaches for school personnel, related staff, and parents should also be disseminated. Avenues for this should include the National Commission of Migrant Education, the ERIC Clearinghouse on Rural Education and Small Schools, and the ERIC Clearinghouse on Bilingual-Bicultural Education.

*Schools and other service agencies should consider the need to train all personnel regarding techniques of working with migrant students at-risk. Some of the techniques that work well with low self-esteem students can be used to enhance the self-esteem of students who are not at-risk. Because this will aid our entire society, it could become a school theme and therefore less stigmatizing to migrant students. Teachers may be more motivated to learn the techniques if they understand that learning to work with at-risk students will teach them how to individualize their responses to all students, within large and small group settings.

*Staff inservice and university preservice training should focus on approaches of identifying and working with at-risk students. Parents, foster care, and community agency personnel should also learn techniques so they can effectively listen to students and assist them in feeling their feelings.

*Inservice and preservice time should emphasize processes of enhancing student self-esteem and include methods of developing interdisciplinary assessment and intervention teams. Assessment tests and other instruments should be as culturally sensitive and relevant as possible, and testing personnel should have bilingual, bicultural abilities. Teachers and other service personnel should be trained to work with families,

community agencies, and all students regarding the emotional needs of at-risk students. Each person attending inservice should be encouraged to take their knowledge back to other personnel in the school and to parents.

*The first priority must be the immediate welfare of the student. Teachers, other service personnel, school board members, administrators, and others must understand that the worst thing that they can do is to ignore students' problems.

*Preservice and inservice instruction should address:

- ~Problem recognition
- ~Methods of identifying at-risk students (as early as possible and with confidentiality)
- ~Development of relevant school policies (with community participation)
- ~Resources available for prevention and treatment
- ~Methods to develop student and parent self-esteem as a prevention and intervention mode
- ~Effective use of the MSRTS
- ~Academic assistance programs and techniques
- ~Vocational assistance programs and techniques
- ~Social service assistance programs and techniques
- ~Interagency collaboration
- ~Interdisciplinary, holistic intervention approaches

*At-risk student programs should include:

- ~Academic services including mentoring and tutoring
- ~Vocational education
- ~Counseling
- ~Transition programs
- ~Family involvement
- ~Community-business-school-social agency partnerships
- ~Community mental health services
- ~Comprehensive health services
- ~Sex education
- ~Drug and alcohol abuse education
- ~Bilingual, bicultural context
- ~Nutrition and nutritional education
- ~Ongoing peer and teacher support systems

~Career counseling

~Creative arts

~Physical education

*Goals for student development should include the enhancement of the following areas:

~Academic abilities

~Self-esteem

~Ability to self-nurture

~Sense of identity

~Ability to identify external support systems and other resources, in a variety of diverse communities

~Internal motivation

~Sense of responsibility for individual's actions

~Control over individual's own life

~Physical abilities

~Career/vocational goals

In addition, student programming should cover the following aspects of healthy living.

~Self-acceptance and change

~Discovering individual goals

~Being responsible for ones' own behavior

~Determining one's choices

~Acknowledging how individuals allow their thoughts to control them.

~Benefits of cooperation versus the need to be "right"

~Dealing with feelings:

Identifying them

Understanding their importance regarding controlling one's life

Having feelings validated

Effectively dealing with them

Accepting things one doesn't like and changing what one can

~Using effective communication skills:

To say what is needed/wanted

To deal with angry people

To avoid manipulating others or being manipulated when one is angry, hurt, or sad

~Awareness that individuals typically get what they expect (regarding achievements, rewards, joy, and disappointments)

~Developing positive relationships with peers, parents, authority figures, and those of the opposite sex

*School personnel must communicate high expectations and provide a comprehensive academic and social skills curriculum, indicating to students that what they learn is relevant to their lives. Teachers must provide ongoing evaluation and start students off with successful experiences. Students should be challenged to apply skills in a range of ways and take responsibility for their own learning, whenever possible.

*Teachers and other service providers must learn to deal with the more covert/difficult situations such as knowing when students' actions are affected by alcohol or drug use. This might include students whose long-term use of drugs or alcohol has left them without motivation for learning, or students who are so depressed they are simply biding time until the school drops them, they quit school, or they attempt suicide. Symptoms such as high absenteeism, frequent tardiness, amotivational syndrome, manipulative behavior, mood swings, and denial must be dealt with even though they are difficult. To follow a student's lead and buy into the denial of the students' parents or other teachers is to condone this behavior and allow it to continue to the detriment of the student and the general school community.

*An effective student assistance program should be established in which teachers and related professionals become part of an assessment team that looks at the behavior of students who are having difficulty in school. Personnel who are part of this team should be sensitive to the unique needs of migrant students and their respective cultures and language. Health, absenteeism, change in performance, and classroom conduct are among the behaviors that should be evaluated. School personnel must be trained and supported regarding recognizing and reporting child abuse.

*Assessment processes should be completed by the student's teacher, counselor, nurse, other related services personnel, administrator, and parents (when possible). This gives the assessment team a tool with which to evaluate the student. This information will more readily enable the school to address with parents the issues involved in the at-risk situation. This type

of confrontation or intervention will be helpful in breaking through both parent and student denial.

*It is essential that the community, including parents, social agencies, businesses, and civic and volunteer organizations, be involved. All community resources are required to handle social problems such as those involved with at-risk conditions. It is important that all techniques preserve student confidentiality. As vocational education is essential in a dropout prevention program, school-business-community partnerships are imperative.

Mentoring can be a volunteer program involving businesspeople, college and high-school students, and community members as role models who help students to begin to envision their own futures and to provide much-needed caring and support.

The entire community-- businesses, the justice system, job training/employment agencies, the medical profession, child welfare agencies, police, churches, media, civic groups, and legislators must play a part.

*Parents are an essential resource in program planning and implementation. Particularly in low income migrant communities, they can approach other parents, community groups, and school employees. Research has indicated that students whose parent are involved in their child's education achieve at a higher level than those whose parents are not involved. Siblings can often reach students who will not listen to anyone else. In some cases, families will be in denial (e.g., alcoholism, abuse, or attempted suicide). In such cases, the school and community must help parents understand that denial is, in essence, condoning behavior and allowing it to continue to the detriment of the student. It is especially critical to involve parents of students in dysfunctional family situations if at all possible. Frequently, rural family members will listen to their peers (e.g., neighbors, cooperative extension workers, or extended family members) more easily than they will to school personnel. Thus, all natural outreach agencies or unique rural resources should be involved (e.g., indigenous leaders, agricultural clubs, natural community communicators, 4-H clubs, mail carriers, cooperative extension, public health workers, etc.).

*Teachers, other service providers, and parents must understand that intervention regarding a "primary" disability can occur via addressing the

"secondary" disability, the emotional overlay. There must be an understanding that students with serious emotional difficulties are generally unable to focus on learning.

*Communities should plan alternate entertainment experiences for students, especially in areas with high rates of adult alcoholism and heavy teenage drinking. Parents and/or indigenous leaders should be involved in program planning regarding sex education and other potentially controversial issues, so that program implementation is well-received. Indigenous citizens should also be involved in discussions of and planning to prevent child abuse and domestic violence. Such efforts will increase community awareness of social problems and expectations for student performance within that community.

*It is essential that the entire community be educated regarding all of the factors in at-risk situations for migrant communities. This will ensure that many unfortunate situations do not occur and will help in ameliorating current negative conditions. The active involvement of local leadership could actually initiate change in the usually deplorable housing and other circumstances of migrants. Community education might occur via town meetings, interagency presentations, and involvement with social and fraternal organizations. In small rural communities, presentations may occur at local welcome wagon, garden club, or 4-H meetings; or at county fairs. Presentations should be bilingual and should be sensitive to cultural issues. Advanced technologies can be used, such as satellite training or informational programs regarding recognizing and dealing with factors such as poverty, illiteracy, domestic violence, teenage pregnancy, and child abuse.

*Private sector monies to fund migrant education services and projects must be identified and used to supplement federal programs and funding. (This is the most underutilized potential funding source).

FOR FURTHER INFORMATION

For further information regarding national studies conducted by the National Rural Development Institute or practices of working with at-risk students, contact:

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